

NOT FOR PUBLIC VIEW

FINANCIAL AFFIDAVIT			
INFORMATION OF REQUEST FOR INFORMATION FOR ORIGINATING COURT SERVICES (COURTS WITHIN OR OUTSIDE OF STATE)			
IN UNITED STATES <input type="checkbox"/> MAGISTRATE <input type="checkbox"/> DISTRICT <input type="checkbox"/> APPEALS COURT <input type="checkbox"/> OTHER PANEL (Specify below)			
IN THE CASE OF _____ V.S. _____		LOCATION NUMBER _____	
FOR _____		FILED	
AT _____			
PERSON REPRESENTED (Show your full name) Guadalupe VALLADARES		DOCKET NUMBERS Magistrate 08 MS 1673 District Court _____ Court of Appeals _____	
CHARGE/OFFENSE (describe if applicable & check box →) <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> 1 <input type="checkbox"/> Defendant—Adult 2 <input checked="" type="checkbox"/> Defendant—Juvenile 3 <input type="checkbox"/> Appellant 4 <input type="checkbox"/> Probation Violator 5 <input type="checkbox"/> Parole Violator 6 <input type="checkbox"/> U.S. House of Representatives 7 <input type="checkbox"/> U.S. District Court 8 <input type="checkbox"/> Material Witness 9 <input type="checkbox"/> Other </div>	
		SOUTHERN DISTRICT OF CALIFORNIA BY KRISTINE DEPUTY	

EMPLOYMENT	Are you now employed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Am Self-Employed																										
	Name and address of employer: HOUSEKEEPER																										
	IF YES, how much do you earn per month? \$ 1000/mo		IF NO, give month and year of last employment _____																								
			How much did you earn per month? \$ _____																								
	If married is your Spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No																										
	IF YES, how much does your Spouse earn per month? \$ _____		If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____																								
ASSETS	OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input type="checkbox"/> No																									
		IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES RECEIVED 864 WELFARE + STAMPS (450)																									
	CASH	Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$ _____																									
PROPERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																										
	IF YES, GIVE THE VALUE AND \$ DESCRIBE IT	VALUE	DESCRIPTION																								
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">MARITAL STATUS</th> <th style="width: 10%;">Total No. of Dependents</th> <th style="width: 60%;">List persons you actually support and your relationship to them</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> SINGLE SEPARAT.</td> <td rowspan="4" style="text-align: center; vertical-align: middle; font-size: 2em;">3</td> <td>CESAR - 9 yr.</td> </tr> <tr> <td><input checked="" type="checkbox"/> MARRIED</td> <td>JASMINE - 2 yr.</td> </tr> <tr> <td><input checked="" type="checkbox"/> WIDOWED</td> <td>JUANITA 12 yr.</td> </tr> <tr> <td><input checked="" type="checkbox"/> SEPARATED OR DIVORCED</td> <td></td> </tr> </tbody> </table>				MARITAL STATUS	Total No. of Dependents	List persons you actually support and your relationship to them	<input checked="" type="checkbox"/> SINGLE SEPARAT.	3	CESAR - 9 yr.	<input checked="" type="checkbox"/> MARRIED	JASMINE - 2 yr.	<input checked="" type="checkbox"/> WIDOWED	JUANITA 12 yr.	<input checked="" type="checkbox"/> SEPARATED OR DIVORCED													
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OBLIGATIONS & DEBTS	DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)	APARTMENT OR HOME:	Creditors																								
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I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)**Guadalupe V.****6/14/08**